

INDIANA PROFESSIONAL LICENSING AGENCY 302 W. WASHINGTON STREET, ROOM E034 INDIANAPOLIS, IN 46204 (317) 232-2980

Name of instructor				
Address (number and street, city, state, ZIP code)				
Name of continuing education sponsor				
QUALIFICATIONS				
Instructors must possess at least one (1) of the following minimum qualifications. Please indicate all that apply.				
1) An instructor of real estate courses who is or has been engaged in the practice of teaching at an accredited institution of higher education.				
Name of institution				
Dates of experience				
2) An instructor for an Indiana approved real estate prelicensing course.				
Name of school				
Possession of a bachelor's degree from a college or university in a related field to that in which the person is to teach or a comparable degree from a school of a foreign country. (Attach transcript.)				
List degree(s):				
4) Five (5) years full-time experience in a profession, trade or technical occupation in the real estate field.				
List occupation and dates of employment:				
5) A combination of a total of five (5) years of: (A) Full-time experience relevant to the real estate field; and (B) a college level education. The combination may include no more than three (3) years of education.				
List occupation and dates of employment:				
List degree(s): (Attach transcript.)				
6) Member of the State Bar of Indiana who is engaged in the field of real estate related law. (Attach copy of license.)				
Outline in detail all teaching experience:				

Outline in detail the qualifications which demonstrate your expertise in the real estate topics you will be teaching.				
List memberships in a	ny real estate related organization and any re			
Have you attended an instructor class, seminar, or workshop in the last five years? If Yes, indicate approximate date, type of course, and sponsor/provider:				
Are you currently licensed as a real estate salesperson or broker? Yes No If Yes, indicate the state you are licensed in, your license number, and length of time actively licensed:				
State	License number	Length of time actively licensed:		
Have you ever had a real estate license or any other license to practice in another profession denied, restricted, suspended, or revoked? Yes No If Yes, explain on a separate sheet of paper.				
Is there any disciplinary action pending against you by a real estate or other licensing agency? If Yes, explain on a separate sheet of paper.				
I, the undersigned, file this application in conformance with 876 IAC 4. I certify that the information given in this application is true and correct to the best of my knowledge.				
Signature of applicant			Date (month, day, year)	